

Household Contacts

Sample Cover Letter (verification of attendance)

Date_____

Dear_____,

_____ (name of center) participates in the federal Child and Adult Care Food Program (CACFP). The CACFP aids child care institutions in providing nutritious meals for their enrolled children by providing monetary reimbursement for meals served. To assure the integrity of the CACFP and the receipt of federal funds, we need to confirm the child's attendance at the center with the child's parents or guardians. Your assistance is needed with this effort.

Please complete a "Household Contact Form" (back) for each child attending the center for the month of_____. Do this from your own records, without help from center personnel. Return the form(s) in the envelope provided within 5 days. Your reply is needed, even if your child is no longer in care.

The practice of household contacts does not necessarily reflect upon the center, but is part of an audit procedure to assure tax dollars are used appropriately. We may follow-up on forms not received back from parents.

If you have any questions about the household contact or any aspect of the Child and Adult Care Food Program, please feel free to contact me at_____.

Sincerely,

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complain of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Household Verification of Child's Attendance

For center use only

Center: Fill in name and date of birth of child whose attendance is to be verified. Enter name of month to be verified and dates to be verified in calendar below.

Child Name:

Birth date:

Parent/guardian directions: Please verify and correct, if needed, your child's name and date of birth above and circle the days your child was in care during the month of _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

What time is your child normally in-care:

Drop-off:

Pick-up:

What meals/snacks does your child normally receive at the center? (Please circle)

Breakfast

Morning Snack

Lunch

Afternoon Snack

Supper

Evening Snack

If your child is no longer in attendance, please list the last date of attendance: _____

Comments:

Verification Statement

The information provided is true and accurate to the best of my knowledge.

Parent/Guardian Signature

Date (Month/Date/Year)

Please return in the enclosed self-addressed postage-paid envelope.

Record verification results:

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